



es 1/12

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

RECEIVED

20008

CTFH

'05 JAN 11 A10:40

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST					
NAME(Last)		(First)	(Middle)	TELEPHONE	
Zysman		Deborah	M.	808-432-9116	
MAILING ADDRESS (Street)				FAX	
(City)				(State)	(Zip Code)
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE	
MAILING ADDRESS (Street)				FAX	
(City)				(State)	(Zip Code)

PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE	
Coalition for a Tobacco Free Hawaii			808-432-9117	
MAILING ADDRESS (Street)			FAX	
245 N. Kukui St. Honolulu HI 96817			808-524-9072	
(City)			(State)	(Zip Code)
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE	
Deborah Zysman			808-432-9117	
MAILING ADDRESS (Street)			FAX	
245 N. Kukui St. #201			808-524-9072	
(City)			(State)	(Zip Code)
Honolulu			HI	96817

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Dem M. [Signature]

(Signature of Lobbyist)

1/8/05

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Deborah Zysman

Director

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Coalition for a Tobacco Free Hawaii

808-432-9117

MAILING ADDRESS (Street)

FAX

245 N. Kuku St. #201

808-524-9072

(City)

(State)

(Zip Code)

Honolulu

HI

96817

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Dem M. [Signature]

(Signature of Authorizing Officer or Person Represented)

1/8/05

(Date)